



CALIFORNIA  
UNIFIED CERTIFICATION PROGRAM

DBE  
RECERTIFICATION  
APPLICATION

PERSONAL INFORMATION NOTICE

Pursuant to the Federal Privacy Act (P.L. 93-579) and the Information Practices Act of 1977 (Civil Code Sections 1798, et. seq.), notice is hereby given for the request of personal information by this form. The requested personal information is voluntary. The principal purpose of the voluntary information is to facilitate the processing of this form. The failure to provide all or any part of the requested information may delay processing of this form. No disclosure of personal information will be made unless permissible under Article 6, Section 1798.24 of the IPA of 1977. Each individual has the right upon request and proper identification, to inspect all personal information in any record maintained on the individual by an identifying particular. Direct any inquiries on information maintenance to the IPA Officer.

1. NAME OF FIRM		2. FILE NUMBER	
FIRM'S ADDRESS (Physical)		CITY	STATE ZIP CODE
FIRM'S ADDRESS (Mailing)		CITY	STATE ZIP CODE
3. MAJORITY OWNER(S)	4. BUSINESS PHONE	BUSINESS FAX	
5. IS THE BUSINESS STREET ADDRESS OR PHONE NUMBER THE SAME AS THE RESIDENCE?		YES	NO
6. HAS THE OWNERSHIP OR CONTROL OF THE COMPANY CHANGED?		YES	NO
If Yes, please call the phone number below to obtain a complete Certification Application or access Caltrans' Internet Address at: <a href="http://www.dot.ca.gov/hq/bep">www.dot.ca.gov/hq/bep</a> to download the application.			
7. NAME OF LICENSEE	LICENSE NUMBER – PLEASE SUBMIT COPY OF CURRENT LICENSE(S)		
8. INDICATE THE COMPANY'S GROSS RECEIPTS FOR THE LAST YEAR:		YEAR ENDING	
		\$	
9. NUMBER OF CURRENT EMPLOYEES:		FULL TIME	PART TIME
10. DOES THE COMPANY SHARE SPACE, EMPLOYEES, EQUIPMENT OR FINANCING WITH ANY OTHER COMPANY?		YES	NO IF YES, EXPLAIN IN A SEPARATE ATTACHMENT
11. HAVE THE OFFICEHOLDERS OF THE COMPANY CHANGED?		YES	NO IF YES, EXPLAIN IN A SEPARATE ATTACHMENT
12. HAS THE BOARD OF DIRECTORS CHANGED?	YES	NO	NAME OF CHAIRMAN
13. Are you currently certified with any other agencies as a DBE?		YES	NO If yes, attach copy(ies) of certificate(s)
14. SUBMIT THE FOLLOWING DOCUMENTS FOR: (Failure to submit documents requested with this application may result in the expiration of your certification)			
SOLE PROPRIETOR: MOST RECENTLY FILED 1040 TAX FORM WITH ALL SCHEDULES			
PARTNERSHIP: 1) MOST RECENTLY FILED 1065 TAX FORM; 2) MOST RECENTLY FILED 1040 TAX FORMS WITH ALL SCHEDULES; & 3) MINUTES			
CORPORATION: 1) MOST RECENTLY FILED 1120 TAX FORM; 2) MOST RECENTLY FILED 1040 TAX FORMS WITH ALL SCHEDULES; & 3) MINUTES			
LIMITED LIABILITY CO. 1) MOST RECENTLY FILED 1065/1120 TAX FORMS; 2) MOST RECENTLY FILED 1040 TAX FORMS WITH ALL SCHEDULES; & 3) MINUTES			
15. The undersigned swears, under perjury, that the foregoing statements are true and correct and further states that he/she is properly authorized by,			
Name of Firm		, to execute the affidavit and does so as his/her free act and deed.	
PRINTED NAME		SIGNATURE	
TITLE		DATE	
<b>NOTARY</b>			
The foregoing affidavit was subscribed and sworn to me before me on this _____ day of _____, _____ by			
NAME			
NOTARY PUBLIC _____ COMMISSION EXPIRES _____			

Mail completed questionnaire to:

NOTARY PUBLIC SEAL

Judy Turner York  
City of San Diego  
1010 Second Avenue Suite 500  
San Diego CA 92101

Should you have any questions, please call (619)533-4492.

**PERSONAL NET WORTH STATEMENT**  
**(49 CFR PART 26)**

As of \_\_\_\_\_

***For firm applying for airport concession DBE certification:*** A PNW is not required at this time.

Each individual owner of a DBE firm whose ownership or control is relied upon for DBE certification is required to provide Personal Net Worth (PNW) information and include it in the notarized DBE Certification Application package. For a firm with more than one owner relied upon for DBE certification, please make additional copies of this Statement. The Unified Certification Program of California reserves the right to request additional information as necessary and may conduct an on-site visit to verify the information contained in this Statement.

I understand that all personal financial information I submit will remain confidential unless I give my written consent to release this information to a third party. I also understand that the only exception to this confidentiality provision is if I decide to appeal a decision by the Unified Certification Program of California.

Name \_\_\_\_\_ Phone \_\_\_\_\_

Business Address \_\_\_\_\_

City, State, & Zip Code \_\_\_\_\_

Business Name \_\_\_\_\_

<b>Assets<sup>1</sup></b>	<b>Liabilities</b>
Cash on Hand & in Banks .....\$ _____	Accounts Payable .....\$ _____
Savings Accounts .....\$ _____	Notes Payable to Banks and Others .....\$ _____
IRA or Other Retirement Accounts ...\$ _____	Installment Accounts (Auto) .....\$ _____
Accounts/Notes Receivable .....\$ _____	(Mo. Payments \$ _____)
Life Insurance/Cash Surrender Value \$ _____	Other Installment Accounts \$ _____
Stocks and Bonds .....\$ _____	(Mo. Payments \$ _____)
Real Estate <sup>2</sup> .....\$ _____	Loans on Life Insurance
Automobile – Present Value .....\$ _____	\$ _____ Mortgages on Real Estate <sup>2</sup>
Other Personal Property .....\$ _____	\$ _____ Unpaid Taxes
Other Assets .....\$ _____	\$ _____ Other Liabilities
<b>Total Assets \$ _____</b>	\$ _____
	<b>Total Liabilities .....\$ _____</b>
	<b>NET WORTH .....\$ _____</b>
<b>Sources of Income</b>	<b>Contingent Liabilities</b>
Salary .....\$ _____	As Endorse or Co-Maker .....\$ _____
Net Investment Income .....\$ _____	Legal Claims and Judgment .....\$ _____
Real Estate Income .....\$ _____	Provision for Federal Income Tax ...\$ _____
Other Income <sup>3</sup> .....\$ _____	Other Special Debt .....\$ _____

Is any portion of the equity in the individual's primary residence attributable to withdrawal(s) from the firm applying for DBE certification? \_\_\_\_\_ If yes, how much? \$ \_\_\_\_\_

The undersigned does hereby swear that the foregoing statements are true, accurate, and complete.

Signature \_\_\_\_\_ Date \_\_\_\_\_

1. Exclude an individual's ownership interest in the firm applying for DBE certification.  
For individuals claiming to be Alaska Native, exclude any of the following which the individual receives from any Alaska Native Corporation ("ANC"): Cash (including cash dividends on stock received from an ANC) to the extent that it does not, in the aggregate, exceed \$2,000 per individual per year; a partnership interest; land, or an interest in land (including land or an interest in land received from an ANC as a dividend or distribution on stock); and an interest in a settlement trust.
2. Do not include the individual's primary residence.
3. Alimony or child support payments need not be disclosed in "Other Income" unless it is desired to have such payments counted toward total income.

**PERSONAL NET WORTH STATEMENT  
NOTARY ACKNOWLEDGEMENT**

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before me, the undersigned Notary Public, personally appeared \_\_\_\_\_, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within Affidavit, and acknowledged that he/she/they executed the same in his/her/their authorized capacity, and that by his/her/their signature on the instrument, the person(s) executed the instrument.

WITNESS my hand and Official Seal.

Signature: \_\_\_\_\_

Name: \_\_\_\_\_  
(Typed or Printed)